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## II. SCOPE OF WORK

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### A. General Requirements

The intention of this RFP is to fund a study that collects comprehensive adult tobacco use data for rural AI/AN individuals in California. The purpose of the study is to help state, local, and AI/AN health agencies plan and provide tobacco use prevention programs to reduce and eliminate the health risks from commercial tobacco use. Therefore, applicants must propose strategies that take into account, and are sensitive to, AI/AN's cultural, geographic, and socio-economic characteristics in surveying for tobacco use and tobacco knowledge and attitude data.

For the purpose of this RFP, "adult" is defined as an individual 18 years or older. An AI/AN individual is defined as someone who self-identifies as a member of any of the peoples indigenous to America or a member of any of the aboriginal peoples of Alaska. An AI/AN individual could be either self-identified as AI/AN only or self-identified as AI/AN and other race(s).

The "rural AI/AN" population is defined as AI/AN individuals who live in the rural areas, on tribal lands or outside of tribal lands. The definition of "rural" is complicated for this population. One possible definition is from the Census Bureau which is based on population density. Another option is the service size of rural Indian health programs.

The applicant should provide a clear definition of the California rural AI/AN population as well as the rationale.

- CDHS/TCS is only seeking the study of statewide rural AI/AN adults. The study of a subgroup of or regional rural AI/AN population will not be accepted.
- It is the responsibility of the applicant to demonstrate their agency's (and their subcontractors') capabilities to conduct data collection using appropriate survey methodologies.
- In the application, "tobacco" should refer to both smoking and smokeless tobacco. In the Scope of Work (SOW), applicants are to clearly identify either commercial or traditional tobacco use when necessary. The term "traditional tobacco" does not include non-tobacco products such as sage.
- Due to the multi-disciplinary nature of the studies, this RFP encourages cooperation and partnership between organizations and institutes.
- Only quantitative studies will be funded by this RFP.

- The sample size must be able to allow a range of  $\pm 3$  percentage points of 95 percent confidence interval (CI) of smoking prevalence estimate for rural AI/AN men and women respectively.
- A cost-efficient data collection plan without compromising statewide representativeness is highly encouraged.

## **B. Survey Plan**

### **1. Sample Design**

The survey should focus on rural AI/AN individuals who live both in or outside of tribal lands. The successful applicant must be able to: 1) clearly define the rural AI/AN that reasonably represents the rural AI/AN population in California and 2) specify in detail how the sample will be drawn (sampling methodology) and provide formulas for sample size computation based on the requirement that, 3) the sample size should be able to provide statewide estimates for cigarette smoking prevalence with the range of  $\pm 3$  percentage points of 95 percent CI for rural AI/AN men and women respectively. Besides general sampling methodology, the successful applicant must also be able to take design effects such as clustering and stratification into consideration when sample size is computed because the California AI/AN population, especially rural AI/AN communities, have very distinctive geographic characteristics that should be taken into consideration during the sampling plan development process.

Unlike surveys conducted among the general population, there are no clear “conventional” sampling methodologies for the rural AI/AN population due to the lack of previous health surveillance studies conducted for this group.

A representative statewide estimate is one of the main requirements for this RFP. There are some options that could be adopted and adapted:

- Recruiting participants at rural Indian health centers or clinics: Many Indian health clinics/tribal health centers also serve as community centers for the rural AI/AN population. AI/AN individuals who seek health services as well as healthy AI/AN individuals can both be found in the clinics. In addition, using a “snowball” or “friendship” recruiting method, more interviewees can be enlisted to respond to the survey. One important consideration of this sampling method is to make sure the in-clinic interviews are randomly selected. An analysis of the population difference between the population served by tribal health programs/rural Indian clinics and rural AI/AN population identified from Census may also be necessary.
- Mapping the rural Indian communities and conducting household interviews: Either a census or a randomly selected sample from the communities can be used as the target sample. This sampling option may yield the most representative sample, providing that the cost estimate of the data collection is under CDHS/TCS’ maximum funding level.

- A list-assisted telephone survey or household survey: The sample can be drawn from a list of rural AI/AN individuals assembled by AI/AN agencies and organizations. This may be the simplest way to obtain a sample, but demonstrating the representativeness of the sample will be critical to ensure a successful application. An analysis of the population difference between the list and the rural AI/AN population identified from census may be necessary.

## **2. Data Collection and Preparation Plan**

### **a. Types of Interview**

According to the pilot testing and field experience from the CDC-sponsored AI ATS, face-to-face interview was the most appropriate way to administer the survey for tribal communities. Telephone interviews can also be an option as long as the phone number list of the sample has reasonable representation.

### **b. Instrument**

The instrument for this survey is to be based on existing adult tobacco surveys such as CATS, CTS, and AI ATS developed by CDC. CATS questionnaire is available from CDHS/TCS website at: <http://www.dhs.ca.gov/tobacco/html/resourceeval.htm>. CTS questionnaire is available at: <http://ssdc.ucsd.edu/tobacco/>. The AI ATS questions can be obtained by a request through appropriate AI/AN health agencies such as CRIHB.

The measure of “current cigarette smoking” should be based on the standard definition that is used in the CATS and the CTS. The format and the question flow of the survey should be appropriate for the corresponding survey type (e.g., face-to-face interview, computer-assisted telephone interview, etc.). The survey must be focused on tobacco use behaviors, attitudes, and knowledge with necessary demographic and other culturally and historically related information. Each interview should not exceed 30 minutes.

The comprehensive tobacco use data that is collected should include, but not be limited to, the following areas:

- Smoking Behavior: cigarette smoking history, consumption, other tobacco product use (chew, pipe, and cigar) history, and tobacco product purchasing behavior.
- Cessation Behavior: quit attempts, quit history, quit motivation (e.g., self, family, physician advice, etc.), and cessation help (e.g., cessation class, patch, etc.).
- SHS exposure: workplace (employer policy and exposure), other public place exposure, and household (volunteer policy and exposure).

- Attitude and Knowledge: health risk of tobacco use, health risk of SHS, smoke-free casino issue, exposure to CTCP components (local programs, media, etc.), attitudes toward the tobacco industry, and policies to regulate tobacco marketing.
- AI/AN specific tobacco issue: traditional/ceremonial tobacco use, co-morbidity issues such as alcohol use, diabetes, depression and other mental illnesses, etc.

Although many tobacco-related questions for an AI/AN tobacco survey could be identified from existing surveys, focus group and cognitive testing are encouraged to strengthen the survey development process. The successful applicant should also take literacy level into consideration, especially for questions other than a standard measurement of cigarette smoking.

#### **c. Interview Process and Quality Control**

Applicants must describe and explain in detail the interview process including the following elements:

- Interviewer recruitment
- Interviewer training
- Interviewer monitoring
- Pilot testing
- Callback (if applicable) or follow-up procedure
- Refusal conversion
- Confidentiality procedures
- Data management system
- Non-response measurement

#### **d. Data Preparation**

The contractor must provide completed data in ASCII file format (.dat or .txt) and SAS format. The completed dataset should also include any base weights, post-stratification weights, and final population weights for analysis purposes. If any imputation, adjustment, clustering, or stratification is employed, appropriate imputation variables, weights, cluster variables, and strata must be included in the final data set. A user-friendly technical report on survey methodologies including a data dictionary and a code book for the variables and values and analytical methods must be developed. If complex sampling methodology is employed, a description of variance estimation should also be included. The contractor must deliver the data on a CD-ROM, accompanied by the technical report, so that CDHS/TCS can distribute the data to other researchers.

#### **e. Protection of Human Subjects**

The research protocol must be submitted and approved by the Health and Welfare Agency, Committee for the Protection of Human Subjects before any human subjects related activities occur. The contractor will be responsible to complete this process. This will ensure “that research involving human subjects is conducted ethically and with minimum risk to participants.”

#### **C. Analytic Plan**

The application must include an analytic plan that describes and explains how the collected data will be analyzed and interpreted. The applicant must outline the appropriate procedures to be utilized, analyze data under the proposed sampling plan and take complex survey design effects into consideration. Answers to critical questions should be included in the analysis. Critical questions that should be addressed are:

- What is the current cigarette smoking prevalence among the rural AI/AN population? If this estimate differs significantly from the existing prevalence from surveys such as the CTS, what is the likely explanation? What is the self-reported cigarette consumption? What is the prevalence of other commercial tobacco product use? Is there any difference in tobacco use behavior patterns between the rural AI/AN and the California general population? What is the difference?
- What is the prevalence of non-commercial tobacco use? What is the consumption of non-commercial tobacco?
- What is the SHS exposure rate (at workplace, home, car, and other places) among the rural AI/AN population? Is there any difference in the SHS exposure pattern between the rural AI/AN population and the California general population? What is the difference?
- What are the tobacco-related knowledge and attitude findings among the rural AI/AN population? Are the rural AI/AN population exposed to the CTCP, including both the community intervention programs and the statewide media campaign? Is there any difference in tobacco related knowledge and attitude results between the rural AI/AN population and the California general population as well as California rural population? What is the difference?
- What are the attitudes and beliefs toward traditional tobacco use including ceremonial and other culturally specific uses of tobacco?
- What are the attitudes and knowledge towards the issue of smoke-free casinos?

- What are the correlations between tobacco use and other prominent health risks and epidemics such as alcohol use, diabetes, depression and other mental illnesses?
- Where do AI/AN usually purchase commercial tobacco products (i.e., from retailers on tribal lands, non tribal lands, internet, or other)?
- Based on the study, what is the biggest disparity in tobacco control indicators between the rural AI/AN population and the California general population? What is the possible explanation of this disparity? What recommendations are suggested for future tobacco control projects conducted for the rural AI/AN population?

#### **D. Reports and Deliverables**

A plan for the development and delivery of products shall be described in the proposal. It is the intent of CDHS/TCS that efforts by the contractor will result in products that have great utility to users, including researchers and the AI/AN communities themselves. Therefore, the data collected and the products under this survey contract will not be proprietary information of the contractor - they will belong to the State for public use. The proposal must describe the plan for preparation of the deliverables, specify the contents, and set a timetable for the deliverables. The minimum requirements for contract deliverables are as follows:

- A final report on the survey results. The report shall discuss the findings from the analysis described in the analytic plan and answer the questions listed in that section as well as other pertinent questions found to be relevant to the rural AI/AN population in the context of tobacco use prevention. Data should be presented and illustrated by tables and figures when it is appropriate. Data presentation should have both point estimate and 95 percent confidence intervals. The report should follow a standard style manual such as Chicago Manual of Style along with certain styling requirements from CDHS/TCS. Details of the CDHS/TCS styling requirements will be available to the contractor once the study is funded.
- Statewide estimates, with 95 percent confidence intervals, of cigarette smoking prevalence, tobacco use behaviors, knowledge, attitudes, and beliefs by gender, age, socio-economic status, and by smoking status (non-smokers and smokers). The report should include frequency tables for responses to all questions and smoking and other tobacco product use prevalence charts by gender and age group.
- Data Set and Technical Documentation: The contractor will be required to deliver to CDHS/TCS on CD-ROM a data set, accompanying documentation and a technical report in a format which can be readily used and understood by researchers and other individuals with statistical expertise for analyses purposes. The dataset should be in ASCII and SAS data format. The technical documentation should include: a data dictionary with the names and locations of

all variables in the data set; a code book with the description of data formats (values) for all variables; a description of all relevant sample identifiers for analysis (sampling strata, sampled clusters, etc.); a description of all weights; a technical report describing the methods used to collect the data (sampling, survey instrument development, interview process, and quality control, etc.), with a clear discussion of how weights were generated and computed, discussion of the methods used to calculate CI's, and copies of the questionnaires. The data set, documentation, and technical report must be delivered to CDHS/TCS as the final deliverables. The contractor must expressly agree not to release any data until all deliverables are accepted and approved by CDHS/TCS as satisfactory.

- **Public Access to the Database:** It is the intent of CDHS/TCS that the database produced by this contract will be made readily available and used not only by CDHS/TCS and the AI/AN communities, but also other researchers for analyses and scholarly research. It is the intent of CDHS/TCS that the data set, documentation, and technical report become available to researchers as soon as they are approved by CDHS/TCS.
- **Progress Reports:** The contract will call for quarterly teleconferences and meetings when necessary to discuss progress made in completing the work and meeting the established timelines so that CDHS/TCS can monitor the performance of the contract. Written progress reports shall be submitted twice a year in a format designated by CDHS/TCS.